Foster Family Home - Corrective Action Report

Provider ID:

1-561490

Home Name:

Liberty Lagpacan, CNA

Review ID:

1-561490-6

92-848 Kohupono Street

Reviewer:

Angelica Galindo

Kapolei

HI 96707

Begin Date:

7/14/2018

End Date:

8/08/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

Home visit made on 7/14/2018 for a 2-bed recertification. Corrective Action Report issued during home visit with Corrective Action Plan due to CTA on 8/18/2018.

6.(d)(1) See applicable sections in the review

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(1)

Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2)

Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1) eCrim for HHM#1 done on 7/13/2015 for HHM#1, expired on 7/13/2017, done on 12/31/2017.

7.1.(a)(2) No current APS/CAN for HHM#2, last obtained on 10/23/2015, expired on 10/23/2017.

Compliance Manager

Primary Care Giver

//L Date

7-14-18

ate

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Address: 92-848 KOHUPONO ST.

KAPOLEI, HAWA 1196707			
Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(9)(1)	I will make sure	7/14/18	
7.(a)(2)	to complete my		being organize and setreminders
T#W#T	Important paper work on time. ecrim Aps/CAN being organize and renewbefore expired. Lapse can't be corrected. APS/CAN Dotained on 7/19/18		For myself by writing it on my calenders 30 days Prior to APS/CAN ecrim expiring. I will not procras. Tinate or postponed My paper work. I will make sure It is done before the expiration clate.
1			

Primary Caregiver's Signature: Riberty R. Ragpocan

Print Name; LLBCRT R. LAGRACAU

Date of Signature: 7-20-18